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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2009

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 70.00)
Complete if Known

Application Number	10/528,685
Filing Date	07/18/2005
First Named Inventor	Larry I. Benowitz
Examiner Name	Ganapathy Krishnan
Art Unit	1623
Attorney Docket No.	701039-052287-RCE

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 50-0850 Deposit Account Name: NIXON PEABODY LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

<u>Fee Description</u>	<u>Small Entity</u>
Each claim over 20 (including Reissues)	52
Each independent claim over 3 (including Reissues)	220
Multiple dependent claims	390

26 110 195

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)****Multiple Dependent Claims****Fee (\$)****Fee Paid (\$)**

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims****Fee (\$)****Fee Paid (\$)****Fee (\$)****Fee Paid (\$)**

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	/ 50 = _____ (round up to a whole number)	_____ x _____ = _____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Terminal Disclaimer Fee

70.00

SUBMITTED BY

Signature	/Shayne Y. Huff/	Registration No. (Attorney/Agent) 44,784	Telephone (617) 345-1059
Name (Print/Type)	Shayne Y. Huff		Date 06/30/2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Larry I. Benowitz et al.

CONFIRMATION NO.: 4644

SERIAL NO.: 10/528,685

EXAMINER: Ganapathy Krishnan

FILED: July 18, 2005

GROUP: 1623

FOR: METHODS AND COMPOSITIONS FOR TREATMENT OF
NEUROLOGICAL DISORDERS

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

GENERAL TRANSMITTAL & CERTIFICATE OF EFS SUBMISSION

Pursuant to 37 C.F.R. § 1.8(a)(1)(C) I hereby certify that the following documents are being submitted to the Patent and Trademark Office via the Office Electronic Filing System in accordance with § 1.6(a)(4) on June 30, 2009:

1. General Transmittal & Certificate of EFS Submission (1 pg.);
2. Supplemental Response (3 pp.);
3. Terminal Disclaimer (1 pg.); and
4. Fee Transmittal (1 pg.).

AUTHORIZATION TO CHARGE/CREDIT DEPOSIT ACCOUNT

The Commissioner is hereby authorized to charge fee deficiencies or credit overpayments associated with the instant filing in above-referenced matter to NIXON PEABODY LLP Deposit Account No. 50-0850.

Date: June 30, 2009

Respectfully submitted,

Customer No. 50828

/Shayne Y. Huff/

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